Exhibit A - Registration of Trade, Business & Fictitious Name Certificates for New Castle, Kent, and Sussex Counties

REGISTRATION OF TRADE, BUSINESS & FICTITIOUS NAME CERTIFICATE

| | |
|--|----------------------------------|
| County: New Castle ☑ Kent ☐ Sussex ☐ | 2017 |
| TRADE NAME: HomeADE LLC d/b/a Zentility | 7 PROT |
| TRADE NAME: HOMEADE LEG GIAL TO 214 | ∩3-4668 1 5 E |
| Business Address: 1350 Magnolia Avenue, Annapolis, MD 214 | 03-4668 3 E |
| | 3 D |
| | |
| Phone Number: <u>(443)</u> 710-1920 | 30 |
| Person, Firm or Association (Parent Company, if applicable): | |
| Not applicable | |
| Names and addresses of ALL owners, members, or partners comprisin | g the business: |
| Names and addresses of ALL Colors, | Address |
| Last Name / First Name / 1991 | |
| | ve , Annapolis, MD 21403 |
| | ve., Annapolis, MD 21403 |
| loseph 1350 Magnolia A | ye., Annapolis, MD 21403 |
| Fatanonia 434 North Front S | t.; Wormleysburg, PA 17043 |
| Nicholson. | Mechanicsburg, PA 17050 |
| Cawley James 1020 Kalli Divis | |
| Date of Formation: April 24, 2014 in Maryland | |
| Nature of Business: Electric Supplier/Broker licensed by the DE P | ublic Service Commission |
| Nature of Business: Electric Supplier Broker Research | ATTEST: SUSAN A. HEARN |
| State of Lannon france | PROTHONOTARY |
| | BY Brain |
| BEFORE ME, the Subscriber, a Notary Public of the State of January Public of the State of Jan | way, personally appeared |
| BEFORE ME, the Subscriber, a Notary Public of the State o | sworn by me according to law did |
| a principal in the business described at the estationary | |
| depose and say as follows: 1. He/She is a principal in the business described in the certificate. | |
| | t, and complete. |
| 2. That the foregoing information provided in the | e I Midwlsn_ |
| JOYCE M FISCHER, NOTARY PUBLIC | e L Tuonorsu |
| CITY OF CONEWAGO, ADAMS COUNTY | |
| MY COMMISSION EXPIRES DECEMBER 19, 2017 Title: | artner |
| | 2017. 0 |
| SWORN AND SUBSCRIBED this 27th day of to bu are | |
| | The III- work |
| Notary Put | JIJC |
| Print Form | Revised 11/09 |

Trade, Business & Fictitious Names

Selected Trade, Business Or Company Details

County

Kent

Status

Active

Trade Name

HomeADE LLC d/b/a Zentility

File Number

589078

Formation Date 04/24/2014

Filed Date

03/03/2017

Address 1

1350 MAGNOLIA AVENUE

Address 2

City

ANNAPOLIS

State

MD

Zip Code

21403

Phone

443-710-1920

Affiant

KYLE NICHOLSON

Affiant Title

PARTNER

Parent Company

Nature of

ELECTRIC SUPPLIER/BROKER LICENSED BY THE DE PUBLIC

Business

SERVICE COMMISSION

Termination

Date

Last Updated On 03/06/2017

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Contacts

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Oral Arguments

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Court of Chancery

6 Del.C. Ch. 31

Revised 11/09

REGISTRATION OF TRADE, BUSINESS & FICTITIOUS NAME CERTIFICATE

| County: New Castle | Kent 🗌 Sus | ssex 🗸 | DIT MAR |
|--|---|--|--|
| TRADE NAME: HomeAD | E LLC d/b/a Zent | ility | 翠 |
| | | | ω |
| Dusiness Address: 1350 | magnolia Avenu | e, Annapolis, MD 21403-4668 | |
| | | | ************************************** |
| Phone Number: (443) 7 | 10-1920 | | G |
| Person, Firm or Association | | applicable): | |
| Not applicable | | | |
| Names and addresses of hi | | | |
| ivalies and addresses of Al | .L. owners, member | s, or partners comprising the business: | |
| Last Name | First Name | Address | |
| Peusch | Ryan 🐃 📑 | 1350 Magnolia Ave., Annapolis, MD 2 | 21403 |
| Tobe | Craig | 1350 Magnolia Ave., Annapolis, MD 2 | 21403 |
| Patanella | Jöseph | 1350 Magnolia Ave., Annapolis, MD 2 | 1403 |
| Nicholson | Kyle | 434 North Front St., Wormleysburg, PA | alienio roscenta |
| Cawley | James | 1020 Kent Drive, Mechanicsburg, PA | Newspirit A. S. |
| Nature of Business: Electroitate of Rennandran | 7 | licensed by the DE Public Service Com- | nission |
| County Colomo | | | |
| | a Notary Public of | the State of | |
| | | the State of <u>Vennsylvana</u> , personally, who, having first been sworn by me according | |
| epose and say as follows: | | , wile, having mac seem sworm by the according | g to law di |
| 1. He/She is a principal in th | e business described i | in the certificate. | |
| | • | ertificate is true, correct, and complete. | |
| JOYCE M FISCHER, NOTARY P | UBLIC | WI TMN | / |
| CITY OF CONEWAGO, ADAMS O | OUNTY | Affiant Kyle J. Michon | yn_ |
| IY COMMISSION EXPIRES DECEMBER | 19, 2017 | Title: Parther | |
| WORN AND SUBSCRIBED this | 27 th | | |
| WORN AND SUBSCRIBED this ! | <u>× ∕</u> day of <u></u> \ \ | Mrudry , 2017. | |
| · | | Notary Public | <u>X</u> |

Print Form